Program Evaluation Report

Year 1: 2017 – 2018

Missouri Comprehensive Cancer Control Program

June 2018

Title: Missouri Comprehensive Cancer Control Program Year 1 (2017-2018) Evaluation Report

Description: This report includes the status of the evaluation projects and results, if available, for the:

- Missouri Cancer Consortium Partnership Assessment;
- Campaign to Promote Utilization of MO HealthNet (Medicaid) Smoking Cessation Benefits;
- Efforts to Decrease MO HealthNet Enrollees Smoking Prevalence;
- Projects to Increase Colorectal Cancer Screening Rates;
- Work Being Done to Increase Survivorship Care Plans;
- Follow-Up Activities to Address Missouri Department of Health and Senior Services' Cancer Control Environmental Scan and Gap Analysis; and
- Specifics on Previous Publications, Reports and Manuscripts.

Audience: U.S. Centers for Disease Control and Prevention (CDC) and Section for Community Health Services and Initiatives and members of the Missouri Cancer Consortium (MCC).

Cooperative Agreement Support: DP17-1701 Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations

Suggested Citation: Missouri Department of Health and Senior Services. Missouri Comprehensive Cancer Control Program Year 1 Evaluation Report. Jefferson City, MO. Division of Community and Public Health.

A C K N O W L E D G E M E N T S

This document is the result of collaborative efforts of the Missouri Department of Health and Senior Services' Section for Community Health Services and Initiatives' Comprehensive Cancer Control Program and the Section of Epidemiology for Public Health Practice.

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Missouri Cancer Consortium Partnership Assessment

Increase the capacity, effectiveness and sustainability of the Missouri Cancer Consortium.

Introduction

The Missouri Comprehensive Cancer Control Program (CCCP) is a member of the Missouri Cancer Consortium (MCC). As of June 2018, the MCC consists of 82 individual members, 61 organizations plus 10 additional Missouri Department of Health and Senior Services' (DHSS) partners: Show Me Healthy Women (SMHW), Comprehensive Tobacco Control Program (CTCP), Office of Epidemiology (OOE), Bureau of Immunization, Healthy Indoor Environments' Radon Program, Bureau of Community Health and Wellness, Senior and Disability Services, Community Health Services and Initiatives, Cancer and Chronic Disease Control, and Epidemiology for Public Health Practice.

Primary Evaluation Questions

1. Is there a strong and effective MCC partnership?
2. Are MCC members engaged in the work of the partnership?
3. Are workgroups actively implementing the Missouri Cancer Action Plan (MCAP)?
4. Is the MCC membership growing in membership and diversity of representation?
5. What factors are affecting (positively or negatively) partnership capacity and sustainability?

Methodology

Personal observation, tracking MCC member activities, MCC meeting attendance, and the MCC Satisfaction Survey.

Results

1. Is there a strong and effective MCC partnership?
   Membership has increased over the past year and it is anticipated that the MCC membership will continue to grow and gain momentum to achieve the goals of the coalition in the coming years.

2. Are MCC members engaged in the work of the partnership?
   Current MCC members are committed to collaborating to reduce the human and economic burden of cancer on Missourians through the promotion of collaborative, innovative and effective programs and policies.

   Over the last year, more than 500 hours have been donated by MCC members to workgroup meetings, consortium meetings and conference calls that directly impacted the work of the consortium; however, many more hours have been spent outside of the organized meetings to accomplish goals of the MCC.

3. Are workgroups actively implementing the Missouri Cancer Action Plan (MCAP)?
   In 2017, the MCC established four priority workgroups, Colorectal Cancer (CRC), Human Papillomavirus (HPV), Access to Care and Survivorship to begin implementing the MCAP 2016-2020.

4. Is the MCC membership growing in membership and diversity of representation?
   The 2018 MCC Satisfaction Survey, completed by 23 members indicated a high level of satisfaction with the vision and mission, planning, opportunities for leadership, and progress toward objectives (90% or greater agreement). Members also indicated that the meetings run smoothly (95%) and were productive (90%), and their organization benefitted from being a part of the Consortium (90%). There was also acknowledgement and agreement that the Consortium needs to continue to expand membership and diversity. It was also noted, the MCC would benefit from more outreach to communicate goals and objectives to stakeholders and a greater focus on men's health, specifically prostate cancer.

5. What factors are affecting (positively or negatively) partnership capacity and sustainability?
Throughout the previous grant period (2012-2017) turnover among MCC leadership and in the CCCP was a challenge for achieving continuity and progress. There were two new CCCP managers during the period. One started in February 2013 and the most previous in October 2014. In addition, new administrative support staff came onboard in November 2014 and again in March 2017. The 0.5 full-time equivalent (FTE) policy, system, and environment (PSE) staff position was vacant from July 2014 to June 2016. The cooperative agreement evaluator served as the 0.5 PSE FTE until 2017 when CCCP received approval and funding to increase the position to 1.0 FTE. CCCP is currently seeking a candidate to fill the vacancy by September 2018.

Turnover occurred in key MCC leadership as officers moved to new positions outside of the cancer control community, leaving a vacuum in the 2013-2015 grant years that continued until new leaders were recruited in January 2016.

Strong, effective and sustainable MCC leadership is essential to advancing the program. It is also important to have staff continuity in the CCCP. This is especially true for a MCC that is not a 501c3 and does not have funding or staff, and a program with only one staff person facilitating the activities of the MCC.

The MCC has had strong and effective leaders since January 2016 and the previous CCCP manager was in the position for three years. This combination fostered a new energy and vitality among MCC members that is evident in the 2017-2018 activities and accomplishments:

- The Nominating Committee recruited new and engaged officers that were elected for two-year terms beginning January 2018.

- The Chair and Chair-elect work closely with the CCCP manager to offer relevant and engaging programming at the quarterly MCC meetings.

- Four priority workgroups were established to begin implementing the MCAP - Colorectal Cancer (CRC), Human Papilloma Virus (HPV), Access to Care and Survivorship.

- The Membership Committee worked to reengage existing members/organizations and recruit new members to achieve geographical and specialty diversity.

- As of June 2018, the MCC includes 82 individual members, 61 organizations represented, plus 10 DHSS partner programs.

- The Communication and Outreach Committee developed the MCC web site and a social media presence with Facebook and Twitter, as well as a new MCC logo, letterhead and other materials. These tools are available to help MCC workgroups create plans to communicate a persuasive health communication message to the target population.

- The MCC bylaws were amended to add a Medical Advisory Committee to engage health professionals to guide and advise MCC leadership, when needed.

- The June 2018 MCC Satisfaction Survey completed by 23 members (down from 44 in 2017 and up from 18 members in 2016), indicates a high level of contentment among members.

- The first year of the five-year project period included a significant increase in funding to expand programs and the addition of full-time PSE staff person.

- A new CCCP manager joined the Bureau of Cancer and Chronic Disease Control in mid- June 2018.

Summary and Comments
In summary, the MCC realized much success in creating the framework to make significant influences on the objectives outlined in Missouri's Cancer Action Plan.

Campaign to Promote Utilization of MO HealthNet (Medicaid) Smoking Cessation Benefits

Comprehensive Cancer Control Program and Comprehensive Tobacco Control Program to work with a media campaign company to do market research targeting Medicaid health care providers and Medicaid recipients who are current smokers to increase utilization of smoking cessation health care benefits.

Introduction
The CCCP is working with the CTCP in collaboration with MO HealthNet managers to develop a campaign to promote utilization of tobacco cessation benefits and services among MO HealthNet recipients.

In Year 1, CCCP and CTCP worked with a media company to do market research targeting Medicaid health care providers and smokers who are Medicaid recipients, and then provide creative development for campaign activation. The research and media campaign will be shared with internal and external partners such as the Missouri Department of Social Services' MO HealthNet (Medicaid) Division (managed care, pharmacy, behavioral health); Missouri Department of Mental Health's (DMH) representatives of Tobacco Free Missouri and other health system representatives.

These entities will review and help to disseminate final campaign materials and develop additional interventions to promote tobacco cessation among high tobacco users and disparate populations in Missouri.

The MCC membership includes organizations that represent disparate populations and health care systems in Missouri. Their input and collaboration will be sought for ensuring campaign materials are culturally relevant and to improve distribution and reach to the appropriate communities.

Primary Evaluation Questions
1. How was the target population determined? *See CTCP data of disparate groups*
2. How was the market research conducted?
3. What was the result of the market research? (e.g. focus groups surveys etc.)
4. Are the themes creative and innovative?
5. What messages and media strategies were recommended and implemented?

Methodology

Requests processed, reports and records of media contractors including market research and media implemented; and request MO HealthNet administrative claims data for tobacco cessation benefit utilization

Results

1. How was the target population determined? *See Table 1 - smoking prevalence data of disparate groups*
   The target population was determined based on data from the 2016 Missouri Behavioral Risk Factor Surveillance System for disparate populations that smoke at a disproportionately higher rate than the overall adult population.

   Table 1.

Smoking Prevalence by Socio-Demographic Variables: Disparity Table With 2016 BRFSS Data	
Descriptor	**Smoking Prevalence**
Adults 18+ years or older	22.1
Male	24.5
35-44 years of age	28.6
45-54 years of age	29.0
Less than High School Diploma	42.3
High School Graduate	28.6
Income below federal poverty level (proxy under $15,000)	44.8
Income Between $15,000 - $25,000	32.3
Unable to work	46.8
Unemployed	44.0
No Health Insurance	41.8
Medicaid Enrollees	50.2
Identifying as Multiracial	31.3
Black, Non-Hispanic	26.6
Identifying as lesbian, gay, bisexual, transgender (LGBT)	31.5

2. How was the market research conducted?
   Market research for the health care provider ads was done through Qualitative Individual Telephone Depth Interviews (TDIs) and Virtual Focus Groups conducted with family practice physicians who see a variety of patients. A focus group was held with women who were pregnant, breastfeeding or planning to become pregnant in the next six months, who met income criteria and were predominantly African American.

3. What was the result of the market research? (e.g. focus groups surveys etc.)
   Results of the market research with health care providers included:
   - While most providers consistently screen for tobacco use at visits, a standardized protocol is not in place in most family practice and primary care environments. Nor is there a mechanism or resources for follow-up and additional patient support, e.g. counseling. Specialized practices are the exception to this finding.
   - Communication to patients should focus on helping patients move from “pre contemplative” thinking, to motivation to quit, and on prevention of the onset of smoking for children.
   - Providers need more community resources to support and wrap-around their care.
   - Communication to providers should be delivered in person, and should focus on coordination of existing services and building linkages among clinical and community resources.
   - Better understanding of coding and reimbursement for addressing smoking may increase incentive of providers to address this more frequently.

- At a systems level, greater accountability needs to be in place. Utilizing pay-for performance metrics to close gaps would motivate both independent physicians and health systems.

Statewide expansion of evidence-based programs like Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) could provide regional training and support resources to both smokers and healthcare providers. Results of the market research with pregnant women include recommendations for how to message quitting to this population:

- Build awareness of quit resources available that reach the target
- Show/real/graphic imagery of the actual health effects of smoking on the baby and the smoker
- Quit resources should include support/coaching

4. Are the themes creative and innovative?
   The themes identified during the market research are compatible with what other states' identified in developing similar campaigns.

5. What messages and media strategies were recommended and implemented
   The health care provider campaign message is "Ask It Matters – Every Patient, Every Visit". The tobacco use campaign message is "When You're Ready…To Quit Smoking, To Quit Tobacco, To Feel Better, To Save Money, To Protect Those Who Look Up to You, To Protect Those You Love and Help is Available". The pregnant women messages have not yet been developed.

Summary and Comments
Data from the 2016 Behavioral Risk Factor Surveillance System (BRFSS) revealed that MO HealthNet recipient's smoking prevalence (50.2%, 95% confidence interval [CI] 40.5% - 59.8%) was significantly higher than the state prevalence (22.1%, 95% CI 20.5% - 23.7%).

Efforts to Decrease MO HealthNet Enrollees Smoking Prevalence

Comprehensive Cancer Control Program will collaborate with the Comprehensive Tobacco Control Program, MO HealthNet and other health system partners to decrease MO HealthNet (Medicaid) enrollees prevalence.

Introduction
The CCCP, the OOE and the CTCP began meeting with MO HealthNet managers for the first time in November 2015 to discuss strategies for increasing tobacco cessation utilization services among MO HealthNet participants. Meetings continued through 2016 and 2017 that focused on patient and provider strategies to promote utilization of tobacco cessation services. Those meetings have been fruitful, however meetings were put on hold in 2018 due to staff changes at MO HealthNet and the desire to create the smoking cessation campaign materials for providers and patients described above before meeting again.

The CCCP and CTCP will continue to collaborate with MO HealthNet (managed care, pharmacy, and behavioral health) to expand opportunities to increase the awareness and utilization of smoking cessation services and benefits among enrollees and providers. These efforts will also reduce client out-of-pocket costs by increasing utilization of the MO HealthNet smoking cessation services and benefits. Interventions include expanding or updating tobacco cessation benefit information on current Medicaid communication efforts – on-line and in print –

for enrollees and providers; distributing a flyer (electronically and in print) highlighting cessation benefits and the Quitline to providers and to locations where this population frequents; working with managed care agencies to encourage promotion of the tobacco cessation benefits; and small media development and distribution.

Primary Evaluation Questions

1. Was collaboration productive?
2. How many health systems partners were involved?
3. Was there an increase in the utilization of tobacco cessation healthcare benefits or reduction in out-of-pocket costs for cessation medications only, cessation counseling only, or both?
4. Did the reminders include providers' education?
5. What materials/strategies were adapted by MO HealthNet or their managed care partners?

Methodology

Meetings with MO HealthNet staff and the CTCP; request MO HealthNet records of all activities carried out; and request MO HealthNet claims data.

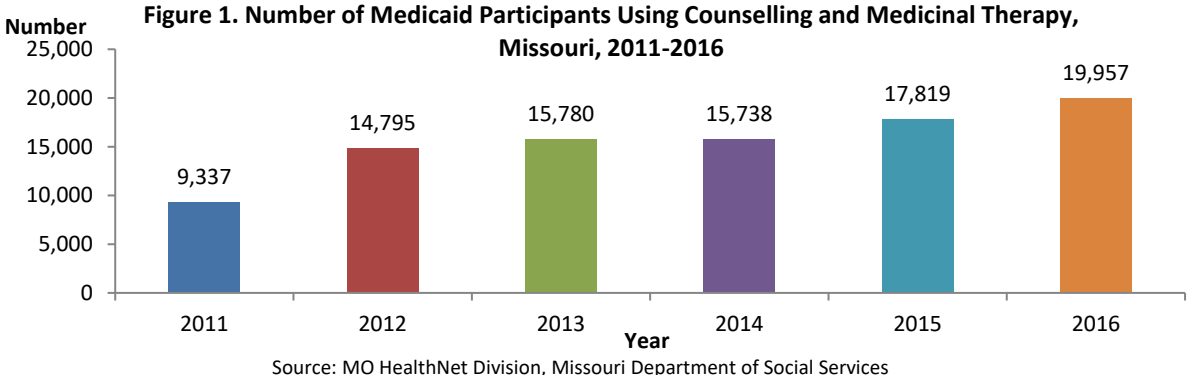
Results

1. Was collaboration productive?
   Yes, MO HealthNet staff are eager to work together to find ways to increase awareness and utilization of tobacco cessation benefits among providers and participants. This collaboration continues and will be expanded to include more partners to reach additional high tobacco use populations in the 2018-2020 grant years.

2. How many health systems partners were involved?
   Initially, the workgroup identified six participant communication strategies, eight provider strategies, two Family Support Division strategies, five managed care strategies, and several media strategies for reaching the intended targets. Over time, MO HealthNet has implemented many process changes to make sure Medicaid providers and participants are aware of the extent of the tobacco cessation benefit.

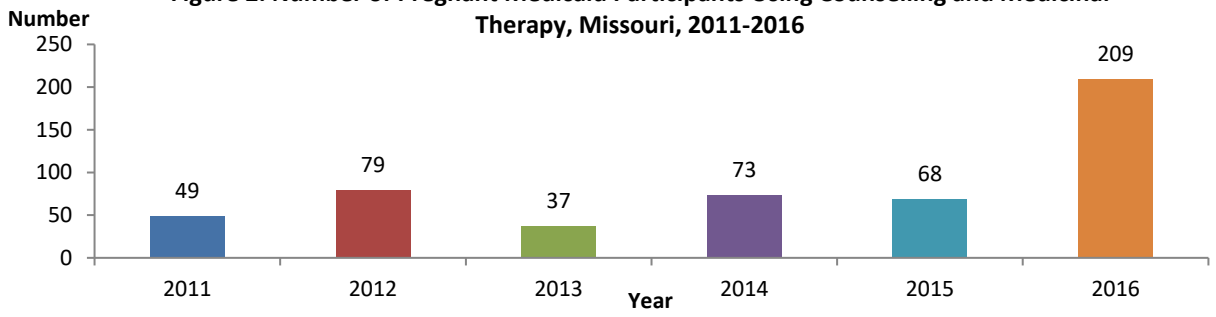
3. Was there an increase in the utilization of tobacco cessation healthcare benefits or reduction in out-of-pocket costs for cessation medications only, cessation counseling only, or both?
   In 2016, more than 19,000 MO HealthNet beneficiaries utilized the tobacco cessation counseling and medicinal therapy benefit (Figure 1) and more pregnant women enrolled in MO HealthNet used the benefit in 2016 compared to 2011 (Figure 2).

Figure 1. Number of Medicaid Participants Using Counselling and Medicinal Therapy, Missouri, 2011-2016



Source: MO HealthNet Division, Missouri Department of Social Services

Figure 2. Number of Pregnant Medicaid Participants Using Counselling and Medicinal Therapy, Missouri, 2011-2016



Source: MO HealthNet Division, Missouri Department of Social Services

4. Did the reminders include providers' education?
   Yes, MO HealthNet staff updated the provider website to include information on the cessation benefit and linked the new flyer with information on the benefit and the Tobacco Quitline. They also re-sent the provider bulletin that announced the new cessation benefits.

5. What materials/strategies were adapted by MO HealthNet or their managed care partners?
   Follow-up meeting with MO HealthNet and their managed care partners are being planned and more information will be available as to the success of the initiative in the future.

Summary and Comments

In summary, much time has been focused on this initiative and are on target to continue reach success in meeting the objective in future years.

Projects to Increase Colorectal Cancer Screening Rates

The Comprehensive Cancer Control Program Collaborates with MCC Colorectal Cancer (CRC) Workgroup and other partners to increase Missourians 50 and older who have a colonoscopy in the last 10 years in southeast Missouri.

Introduction

The CCCP worked with and supported the activity of the MCC Colorectal Cancer workgroup. This group worked with the Southeast Missouri Cancer Control Coalition (SECCC) and other partners (Center for Local Public Health Services, Bureau of Senior Programs Area Agencies on Aging and Centers for Independent Living) and area hospital systems in the region to identify structural barriers to colorectal cancer screening as well as solutions to such obstacles. The goal is to create and implement strategies to help health systems and patients overcome those barriers.

The MCC CRC workgroup is chaired by a staffer of the Missouri Primary Care Association (MPCA). This collaboration will tie into Community Health Worker training and screening referrals relevant to the work with the Federally Qualified Health Centers (FQHCs). The American Cancer Society (ACS) will provide technical assistance, print materials and training as needed and the OOE will provide the data to set baseline and follow-up to determine the change in the percentage of Missourians 50 years and older who receive CRC screenings.

The MCC CRC workgroup, the MCC Communication committee and other partners will help identify ways to reach target populations in the Southeast region which in turn will help MPCA, CCCP and ACS as they work together to access the types and reach of small media needed to increase the knowledge level for the target population about the importance of CRC screening.

Primary Evaluation Questions

1. Was collaboration productive?
2. How many partners participated?
3. What were the structural barriers to screening identified?
4. What strategies were created and implemented to help health systems and patients overcome the barriers?
5. What was the result of implementing the selected strategies?

Methodology

Meeting notes; strategies identified and implemented; data requests from MCC CRC workgroup; data from FQHCs participating in CRC project (below)

Results

Much work has been done in laying the ground work to impact colorectal cancer screening rates for individuals 50 years old and older.

The MCC Colorectal Cancer (CRC) workgroup attended the National CRC Forum – 80 by 2018, in Atlanta in July 2017 and created a CRC Screening Action Plan. Dr. Beth McFarland, a radiologist and Anjee Davis, President of Fight CRC, presented the initiative to the MCC membership in October 2017. Since that time, the CRC workgroup has decided to target a 15 county area in southeast Missouri with a focus on six counties in the SEMO Health Network catchment area. One face-to-face visit and several conference calls have been held with stakeholders in the region regarding education, promotion and access to colorectal cancer screenings.

The workgroup is in the process of developing a logic model for the work in southeast Missouri. The goal is for the logic model and efforts, if successful, to be replicated throughout the state.

The CRC workgroup held a statewide CRC Roundtable in June 2018, 25 individuals attended from 38 organizations. A steering/leadership committee is being recruited with a meeting set for September 2018. This group will help lead the work of the Roundtable organizations by developing goals, objectives and action plans for the full CRC workgroup.

1. Was collaboration productive?
   Relationships and connections are being formed and momentum picking up for a key leader in the region to lead the local efforts.

2. How many partners participated?
   To date, around 10 partners have engaged.

3. What were the structural barriers to screening identified?
   A survey was conducted and some of the barriers include access to care, health literacy, education and costs.

4. What strategies were created and implemented to help health systems and patients overcome the barriers?
   The plan is to continue to develop relationships and partnerships which allows for referral systems, financial assistance between hospitals and clinics for services.

5. What was the result of implementing the selected strategies?
   Although some work has been done to achieve the objective, much more is necessary and will occur in future years.

Summary and Comments
In summary, efforts have gained momentum in year 1 and are on target to reach success in meeting the objective in future years.

Solidify formal partnerships with up to four Missouri Federally Qualified Health Centers (FQHCs) that support increasing CRC screening rates by 3% by June 2020.

Introduction
During year two, the CCCP will contract with the Missouri Primary Care Association (MPCA) and four of its 29 member FQHCs to increase CRC screening rates in the adult populations they serve. Through contract deliverables, MPCA will work with FQHCs in southeast Missouri to overcome barriers to screening and work to create and implement strategies to help health systems and patients conquer obstacles.

MPCA practice coaches will use provider assessment and feedback systems, and initiate or improve the use of provider and patient reminders to affect CRC screening rates.

CRC cancer rates are highest and chronic disease risk factors are most prevalent in the southeast region of Missouri.

Primary Evaluation Questions
1. How many formal partnerships were established with MO FQHCs (via the Missouri Primary Care Association (MPCA) contract)?
2. What geographic area or counties were included? (Will focus on SE Missouri)
3. What methods were used to access barriers with providers and patients and what was learned?
4. What professional development and training or technical assistance did the practice coach(s) deliver to the participating FQHCs to facilitate increased cancer screening rates?
5. What evidence-based strategies did each of the participating FQHCs utilize or implement to increase screening rates?
6. What types of small media were utilized, if any?
7. What other activities supported increased screening rates in each participating FQHC?
8. What challenges or successes did participating FQHCs experience?
9. Did cancer screening rates increase in the participating FQHCs?

Methodology
Quarterly report for each participating FQHC – Cancer Screening Improvement Project Tracking Form; records and meeting notes; MPCA DRVS data; EHR systems

Results
Colorectal cancer screening rates are expected to increase in the southeast region of Missouri as a result of the contract in place with the Missouri Primary Care Association beginning July 1, 2018.

1. How many formal partnerships were established with MO FQHCs (via the Missouri Primary Care Association (MPCA) contract)?
   Four Federally Qualified Health Centers are partnering with the Missouri Primary Care Association on this initiative.

2. What geographic area or counties were included? (Will focus on SE Missouri)
   The four Federally Qualified Health Centers in the southeast Missouri serve Bollinger, Stoddard, Cape Girardeau, Perry, Scott, Mississippi, New Madrid, Pemiscot, Dunklin, Iron, Reynolds, Shannon, Carter, Wayne, Ripley, Butler, Wright, Texas, Douglas and Ozarks counties.

3. What methods were used to access barriers with providers and patients and what was learned?
   The initiative is currently underway, therefore this information will be available in 2019.

4. What professional development and training or technical assistance did the practice coach(s) deliver to the participating FQHCs to facilitate increased cancer screening rates?
   The initiative is currently underway, therefore this information will be available in 2019.

5. What evidence-based strategies did each of the participating FQHCs utilize or implement to increase screening rates?
   The initiative is currently underway, therefore this information will be available in 2019.

6. What types of small media were utilized, if any?
   The initiative is currently underway, therefore this information will be available in 2019.

7. What other activities supported increased screening rates in each participating FQHC?
   The initiative is currently underway, therefore this information will be available in 2019.

8. What challenges or successes did participating FQHCs experience?
   The initiative is currently underway, therefore this information will be available in 2019.

9. Did CRC cancer screening rates increase in the participating FQHCs?
   Baseline colorectal cancer screening data for the four FQHCs for June 2018 ranged from 29% to 52%. For the four FQHCs the baseline CRC screening rates were: 29%, 38%, 48%, and 52%. The initiative is currently underway, follow-up information will be available in 2019.

Summary and Comments

In summary, CCCP will be better equipped to provide an impact statement in June 2019 as the work is just beginning with the FQHCs through the contract with MPCA.

Work Being Done to Increase Survivorship Care Plans

Increase the percent of patients that reported having a treatment summary plan or Survivorship Care Plan.

Introduction

The CCCP will continue to support the MCC Survivorship workgroup in their activities to implement and achieve the objectives outlined in the MCAP.

During this time, CCCP worked with the Center for Practical Bioethics and the MCC Survivorship workgroup to partner with a major Missouri medical center to offer a Serious Illness Conversations workshop in June 2018 to clinicians as an introduction to the Serious Illness Care Program developed by Ariadne Labs in conjunction with Dana Farber, Brigham and Women's Hospital.

Primary Evaluation Questions

1. Did CCCP in collaboration with MAP develop or identify existing on-line training modules to address cancer survivorship issues and other cancer specific topics for Community Health Workers (CHW)?
2. Did CCCP participate in the planning of a MAP conference for CHWs by providing a speaker to address cancer survivorship issues and introduce the new survivorship training module if available?
3. Did CCCP collaborate with Center for Practical Bioethics and a Missouri medical center to offer a Serious Illness Conversations workshop for providers?
4. How well did providers receive the Serious Illness Conversations workshop?

Methodology

Program files; post workshop surveys; and telephone surveys

Results

1. Did CCCP in collaboration with MAP develop or identify existing on-line training modules to address cancer survivorship issues and other cancer specific topics for CHWs?
   CCCP worked with MAP to outline web linkages focused on CHW cancer trainings. The new section titled CHW Continuing Education will include links to various CHW training opportunities and will be added to the Department of Health and Senior Services web site in the coming months.

2. Did CCCP participate in the planning of a MAP conference for CHWs by providing a speaker to address cancer survivorship issues and introduce the new survivorship training module if available?
   CCCP did provide speakers for MAP conference sessions focused on cancer survivorship and hospice. Session titles were Educational Opportunities for Community Health Workers, a panel discussion led by Judy Waechter; and Patient Navigation in Cancer Survivorship Care and the Role of CHWs presented by Chavely Conde and Kyla Alsman.

3. Did CCCP collaborate with Center for Practical Bioethics and a Missouri medical center to offer a Serious Illness Conversations workshop for providers?
   CCCP collaborated with KS-MO Transportable Physician Orders for Patient Preferences (TPOPP) Coalition in June 2018 to hold a half-day workshop in Kansas City, Missouri. TPOPP aims to improve the quality of care plans for the seriously ill and ensure that their preferences are respected as they move through different care settings.

The purpose of the training was to identify and inform champions in Kansas City area healthcare facilities, train them in how TPOPP works; connect them with other champions and resources; and provide guidance for implementing TPOPP in their respective facilities. The training workshop included an overview of the TPOPP initiative; Missouri state policy and regulation; provider group breakout session for hospital, EMS, and long-term care providers; and debrief session with next steps.

4. How well did providers receive the Serious Illness Conversations workshop?
   Over 20 attendees representing 13 different institutions attended the training workshop. The participants appreciated the information and have been incorporated into the KS-MO TPOPP Coalition network of facility champions, which will remain in contact with the Coalition throughout their individual implementation projects, by way of our institutional profile system.

Summary and Comments
In summary, the baseline data for cancer survivors receiving information or a written self-care plan in 2014 was 35.0 percent. In 2016 that increased to 78.9 percent reaching the original objective of 40.5 percent in 2020 and new baseline has been set.

Follow-Up Activities to Address Missouri Department of Health and Senior Services' Cancer Control Environmental Scan and Gap Analysis

Develop up to three interventions to improve DHSS cancer prevention and control activities based on the DHSS environmental scan and gap analysis

Introduction
The OOE, as part of the policy, system and environmental (PSE) activities in collaboration with the CCCP, conducted an environmental scan and gap analysis of 43 DHSS programs and activities that contribute to cancer prevention and control.

The gap analysis involved development of a template, and a questionnaire to collect information from the DHSS programs specifically on activities related to cancer control. Information from the environmental scan and gap analysis will be used to identify and promote policy and program changes within the Department to improve efforts to promote the primary prevention of cancer, support early detection efforts, address the needs of cancer survivors and promote health equity.

A workgroup was convened to identify opportunities for collaboration between programs and develop interventions and strategies to fill the gaps. The CCCP engaged experts and specialists among the MCC to provide guidance for filling the gaps at the DHSS.

Primary Evaluation Questions
1. What gaps were identified by the DHSS environmental scan and gap analysis?
2. Was a workgroup convened to identify opportunities for collaboration between programs and to develop interventions and strategies to fill the gaps?
3. What gaps were chosen to be addressed and what progress was made to improve efforts to promote the primary prevention of cancer, support early detection efforts, address the needs of cancer survivors and promote health equity?

4. Were the strategies implemented?
5. What actions were taken by programs to address the gaps identified in the scan?

Methodology

Follow-up survey with DHSS programs

Results

1. What gaps were identified by the DHSS environmental scan and gap analysis?
   Key findings included:
   - gaps in screening of lung, bronchus cancers, as there are no programs currently promoting screenings for the cancers.

   - gaps in breast and cervical cancers screenings, more efforts should be expended to inform women that many insurance providers fully cover mammography and Pap test screenings as part of a wellness examination. In addition, greater collaboration to increase the percentage of children and adolescents receiving the HPV vaccine and framing the issue as cancer prevention are needed.

   - gaps in colorectal cancer screenings as none of the programs pay for screening services and currently MCC in conjunction with CCCP are the only groups actively promotion CRC screenings.

   - gaps in prostate cancer screenings, as currently none of the programs have active initiatives promoting the US Preventive Services Task Force (USPSTF) recommendation on individualized decision making regarding prostate cancer screening, as recommended by the USPSTF.

   - gaps in skin cancer screenings, as there is no programs currently actively promoting sun safety and skin cancer screening.

   - gaps in uterine, bladder cancers and non-Hodgkin lymphoma, as there are no recommended routine screening tests or educational programs in place for these cancers, greater education on preventive factors and early symptoms of disease would promote early detection and prompt treatment of these cancers and improve prognosis.

   - none of the programs have activities to promote participation in clinical trials or survivorship care plans, although the National Coalition for Cancer Survivorship believes that every person with cancer should receive written care plans and treatment summaries that follow them from the time they are diagnosed through all the years of survivorship.

   - several programs promote preventing smoking initiation and cessation, but many other DHSS programs could promote the tobacco Quitline to reduce the current smoking prevalence and incidence of the 13 cancers related to smoking.

   - greater collaboration between programs on addressing the leading cancer risk factors framed as cancer prevention and increasing awareness of cancer as a chronic disease is needed.

2. Was a workgroup convened to identify opportunities for collaboration between programs and to develop interventions and strategies to fill the gaps?
   The Leadership Team and the MCC membership reviewed the gaps and Missouri's Comprehensive Cancer Control Program plans to address several initiatives in the coming year.

3. What gaps were chosen to be addressed and what progress was made to improve efforts to promote the primary prevention of cancer, support early detection efforts, address the needs of cancer survivors and promote health equity?
   The following gaps were selected for intervention:
   - Increasing colorectal cancer screening rates by developing an impact plan with private and public sector partners and health care professionals across the state, and preparing and distributing a no cost public relations campaign;
   - Decreasing lung cancer incidence rates through tobacco cessation and radon testing awareness efforts and improving lung cancer screening through target messages;
   - Improving reporting for the Missouri Cancer Registry specifically on leukemia, lymphoma, breast and prostate cancers;
   - Enhancing HPV immunization rates through the development and execution of an engagement plan; and
   - Improving prostate cancer screening decision making and survivorship by releasing no cost public relations campaign messaging.

4. Were the strategies implemented?
   Much work has been done to prepare for the successful implementation of several of the initiatives. More work is needed and will occur to ensure interventions are successful in the coming years.

5. What actions were taken by programs to address the gaps identified in the scan?
   The Leadership Team and MCC membership met to review the gaps and determine which are attainable and reasonable in the coming years given budget and time constraints.

Summary and Comments
In summary, efforts have gained momentum in year 1 and are on target to reach success in meeting the objective in future years.

Publications, Reports and Manuscripts

- Campaign to Increase Breast and Cervical Cancer Screening in McDonald County, Missouri: Evaluation Report – **Presentation to MCC set for October 2018, web site release August 2018 - health.mo.gov/living/healthcondiseases/chronic/cancer/pdf/mcdonald.pdf**

- Colorectal Cancer and Tobacco Use Pilot Project in St. Francois County, Missouri: Evaluation Report - **Presentation to MCC October 2017, report web site release August 2018 - health.mo.gov/living/healthcondiseases/chronic/cancer/pdf/stfrancois.pdf**

- Women Diagnosed with Breast or Cervical Cancer Participating in Mo HealthNet: The CCCP, working with OOE, Missouri Cancer Registry (MCR), SMHW, Office of Social and Economic Data Analysis (OSEDA) and MO HealthNet, will continue to publish information on women participating in MO HealthNet (Medicaid) diagnosed with breast or cervical cancer including differences in the stage of diagnoses, the time interval between diagnosis and treatment and receipt of guideline-recommended treatments between African Americans and Caucasian and between rural and urban residents, and cost data – **Breast Cancer Treatment and Health Care Expenditures by Stage at Diagnosis among MO HealthNet Beneficiaries in Missouri, 2008-2012 data analysis**

and manuscript completed being submitted to *Preventing Chronic* Disease; and Cervical Cancer Treatment Cost by Stage at Diagnosis – in final stages of data analysis for manuscript

- Data Request for 5-Year Rate Change: Incidence and Mortality for 18 Missouri counties including Holt, Nodaway, Andrew, Buchanan, Platte, Clinton, Clay, Ray, Carroll, Jackson, Lafayette, Cass, Johnson, Bates, Henry, Vernon, Barton and Jasper – **Completed and sent to requester May 9, 2018**

- Carter County Radon Follow-up Initiative - **Letters sent to residents in homes with elevated radon levels to assess remediation or barriers to remediation, summary write-up in progress**

- Risk Factors, Preventive Practices and Health Care Among Breast Cancer Survivors, 2016 Update - **data analysis complete and manuscript in progress**

- Year 1 Evaluation Report: The Comprehensive Cancer Control Program Evaluation Report outlines the work completed in year 1 of the five-year project period. This report will be produced at the end of year one – **Completed and distributed to CDC September 2018**

- MCC Satisfaction Survey: Trend analysis (2015-2017) – **Completed and set to be presented to MCC in October 2018**

- Missouri Department of Health and Senior Services' Cancer Control Environmental Scan: An Internal Assessment for Missouri Comprehensive Cancer Control Program – **Completed and distributed to participating programs in December 2017, report web site release August 2018 - health.mo.gov/living/healthcondiseases/chronic/cancer/pdf/environmentalscan.pdf**

- Melanoma Study: A data request was received from a MCC member regarding the potential of restricting indoor tanning bed use among youth younger than 18 years of age and the resulting melanoma cases and deaths averted, and life-years and treatment costs saved for children age 0-14 years. A fact sheet for Missouri will be developed based on a study by *Guy et al., The potential impact of reducing indoor tanning on melanoma prevention and treatment costs in the United States: An economic analysis. J Am Acad Dermatol 2017:76(2):226-233.* – **Completed in November 2017 and fact sheet sent to requestor.**

- HPV Cancer Study: A data request was received from a MCC member regarding the number of HPV associated cancers in men and women of all ages and race/ethnicities in the Kansas City Metro Region of nine counties (Clinton, Caldwell, Clay, Ray, Jackson, Lafayette, Cass, Bates, and Platte). Several questions were included: Is the incidence of HPV associated cancers increasing? If so, how much? In what group? (Men, Women, Age, Race/Ethnicity) Which group is most impacted by HPV associated cancers? The Kansas state level document on HPV associated cancers may be helpful: http://www.kumc.edu/kcr/CancerStats/22_KCR_MYR_HPV_1999-2014.pdf. A similar request of the Kansas Cancer Registry was also made. OOE, CCCP, and MCR collaborated and Missouri response - **Completed in December 2017 and data tables sent to requestor.**

Definitions for HPV-associated cancers

Site	ICD-O-3 Site Codes	ICD-O-3 Histology Codes
Cervix	C53.0, C53.1, C53.8, C53.9	All carcinomas (8010-8671, 8940-8941)
Vagina	C52.9	Squamous cell carcinomas (8050-8084, 8120-8131)
Vulva	C51.0, C51.1, C51.2, C51.8, C51.9	Squamous cell carcinomas (8050-8084, 8120-8131)
Anus (including rectum)	C21.0, C21.1, C21.2, C21.8, C20.9	Squamous cell carcinomas (8050-8084, 8120-8131)
Penis	C60.0, C60.1, C60.2, C60.8, C60.9	Squamous cell carcinomas (8050-8084, 8120-8131)
Oropharynx (including base of tongue, tonsils and other oropharynx)	C01.9, C02.4, C09.0, C09.1, C09.8, C09.9, C14.2, C02.8, C10.2, C10.8, C10.9, C14.0, C14.8	Squamous cell carcinomas (8050-8084, 8120-8131)

- Epidemiology Grand Rounds – The OOE and CCCP staff will present *A Multicomponent Local Campaign to Increase Cancer Screening and Decrease Smoking* (in St. Francois County, Missouri) in an Epi Grand Rounds on November 6, 2017 and will be posted to the DHSS website. - **Presented November 2017, Epi Grand Round web site release at health.mo.gov/information/epigrandrounds/sessions.php**

- Missouri Cancer Action Plan (MAP) - Progress is being made to achieve the objectives - health.mo.gov/living/healthcondiseases/chronic/chronicdisease/canceractionplan.jpg. The performance measures spreadsheet shows baseline and progress on the objectives and measures within the four cancer domains: prevention, early detection/screening, diagnosis/treatment and survivorship (Attachment 1).

Prevention

Goal 1: Reduce incidence of cancer by promoting healthy lifestyles and reducing environmental hazards.

Objective 1 : Decrease the percentage of Missourians who smoke cigarettes

Measures: Current Smoking		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Status
1.1.1	Adults Source: BRFSS	–	–	22.1%	20.6%	23.3%	22.1%	–	–		19.7%	✓
1.1.2	Youth in grades 6-8 Source: YTS	–	–	4.0%	–	2.4%	–	3.5%	–		2.0%	✓
1.1.3	Youth in grades 9-12 Source: YRBS	–	–	14.9%	–	11.0%	–	9.2%	–		10.0%	◎
1.1.4	African-American Adults Source: BRFSS	–	–	22.6%	21.2%	26.1%	26.3%	–	–		20.0%	👎
1.1.5	Annual household income < $15,000 Source: BRFSS	–	–	38.9%	39.1%	40.7%	44.8%	–	–		30.0%	👎

Objective 2: Increase the percent of Missourians who are living in communities with a comprehensive smoke free policy

		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Status
1.2.1	Source: BRFSS	–	–	–	24.0%	–	–	–	50.3%		30.0%	◎

Objective 3: Decrease the percentage of Missourians who are overweight and obese

Measures: Obesity		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Status
1.3.1	Adults Source: BRFSS	–	–	30.4%	30.2%	32.4%	31.7%	–	–		27.2%	◎
1.3.2	African-American Adults Source: BRFSS	–	–	38.9%	39.5%	36.9%	39.5%	–	–		35.6%	👎
1.3.3	High School Youth Source: YRBS	–	–	14.9%	–	13.1%	–	16.6%	–		13.8%	👎

✓ Target Met ◎ Progress Toward Target ⊘ Little or No Change 👎 Moving Away from Target Baseline

Measures: No leisure time physical activity in the past month		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Status
1.3.4	Adults Source: BRFSS	–	–	28.3%	25.0%	27.0%	24.9%	–	–		25.0%	
1.3.5	African-American Women Source: BRFSS	–	–	–	26.8%	–	39.0%	–	–		24.0%	

Measure: Increase the percent of individuals who are physically active at least 60 minutes per day on 5 or more days		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Status
1.3.6	High School Youth Source: YRBS	–	–	45.4%	–	45.7%	–	46.2%	–		50.0%	

Measures: Consumed fruits < 1 time per day		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Status
1.3.7	Adults Source: BRFSS	–	–	57.1%	–	55.4%	–	–	–		53.4%	
1.3.8	African-American Women Source: BRFSS	–	–	–	–	61.3%	–	–	–		60.0%	
1.3.9	Adults with < high school education Source: BRFSS	–	–	54.2%	–	–	64.5%	–	–		63.0%	

 Target Met  Progress Toward Target  Little or No Change  Moving Away from Target  Baseline

Measures: Not eating fruit one or more times during the past 7		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Status
1.3.10	High School Students Source: YRBS	–	–	14.3%	–	12.8%	–	13.8%	–		11.0%	
1.3.11	Middle School Students Source: YRBS	–	–	12.4%	–	13.1%	–	13.1%	–		12.0%	

Measures: Consumed vegetables less than one time per day		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Status
1.3.12	Adults Source: BRFSS	–	–	–	–	58.1%	–	–	–		56.0%	
1.3.13	African-American Women Source: BRFSS	40.8%	–	40.7%	–	69.6%	–	–	–		67.6%	
1.3.14	Adults with < high school education Source: BRFSS	–	–	–	–	62.0%	–	–	–		60.2%	

Measures: Not eating vegetables one or more times during the past 7 days		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Status
1.3.15	High School Students Source: YRBS	–	–	6.2%	–	6.1%	–	8.3%	–		4.1%	
1.3.16	Middle School Students Source: YTS	–	–	9.7%	–	21.5%	–	8.1%	–		20.0%	

Target Met Progress Toward Target Little or No Change Moving Away from Target Baseline

Objective 4: Increase the percentage of individuals ages 11 - 17 who receive the human papillomavirus (HPV) vaccine according to CDC guidelines												
Measures		**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**Status**
1.4.1	Females who received ≥ 1 HPV vaccine Source: NIS-Teen	–	–	–	47.5%	59.3%	51.6%	–	–		59.6%	✓
1.4.2	Females who received ≥ 2 HPV vaccine Source: NIS-Teen	–	–	–	36.3%	43.3%	44.7%	–	–		51.2%	✓
1.4.3	Females ages 15-17 who received ≥ 3 HPV vaccine Source: NIS-Teen				28.3%						43.3%	⊘
1.4.4	Males who received ≥ 1 HPV vaccine Source: NIS-Teen	–	–	–	27.9%	44.7%	48.3%	–	–		39.5%	✓
1.4.5	Males who received ≥ 2 HPV vaccine Source: NIS-Teen	–	–	–	20.1%	33.7%	35.8%	–	–		31.0%	✓
1.4.6	Males ages 15-17 who received ≥ 3 HPV vaccine Source: NIS-Teen				11.3%						22.8%	⊘

Objective 5: Decrease the proportion of adolescents who report a sunburn or use of indoor tanning in the previous year												
Measures		**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**Status**
1.5.1	Proportion of Missouri adolescents who have had a sunburn in the past 12 months ___% in 2017 to ___% (baseline to be determined) Source: YRBS											⊘
1.5.2	Proportion of Missouri adolescents reporting indoor tanning (sunlamp, sunbed or tanning booth, but not including a spray-on tan) in the past 12 months ___% in 2017 to ___% (baseline to be determined) Source: YRBS	–	–	–	–	–	–	53.7%	–			baseline

✓ Target Met ◎ Progress Toward Target ⊘ Little or No Change Moving Away from Target baseline Baseline

Early Detection / Screening

Goal 2: Increase the early detection of cancer by promoting the use of evidence-based screening guidelines.

Objective 1: Increase the percentage of women who receive regular breast cancer screening based on nationally recognized guidelines

Measures: Mammography within the past two years		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Status
2.1.1	Women 40 and older Source: BRFSS	–	72.9%	–	68.1%	–	70.2%	–	–		79.3%	
2.1.2	Women with a household income < $15,000 Source: BRFSS	–	58.0%	–	56.4%	–	51.8%	–	–		70.0%	
2.1.3	Women with a household income between $15,000 - $24,999 Source: BRFSS	–	62.8%	–	60.7%	–	61.8%	–	–		75.0%	

Objective 2: Increase the percentage of women who receive cervical cancer screenings based on nationally recognized guidelines

Measures: Pap test within the last 3 years		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Status
2.2.1	Women 21-65 years who received a pap test Source: Healthy People 2020, US Preventative Services Task Force Recommendations, BRFSS	–	–	–	80.7%	–	78.6%	–	–		93.0%	

Objective 3: Increase the percentage of colorectal cancer screenings for adults 50 and over

Measures: Colonoscopy		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Status
2.3.1	Adults 50 and older who have had a colonoscopy in the last 10 years Source: BRFSS	–	60.5%	–	–	–	62.8%	–	–		80.0%	
2.3.2	Missourians 50 and older who have had a home blood stool test within the past two years Source: BRFSS	–	12.0%	–	10.0%	–	6.2%	–	–		18.0%	

Target Met Progress Toward Target Little or No Change Moving Away from Target Baseline

Objective 4: Increase the percentage of men who have discussed with their health care provider the advantages and disadvantages of the Prostate-Specific Antigen (PSA) test to screen for prostate cancer												
Measures:		**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**Status**
2.4.1	Ever been told by a health care provider about the advantages of the PSA test Source: BRFSS	–	61.1%	–	58.8%	–	2016 BRFSS - only those who had PSA test	–	–		70.0%	
2.4.2	Ever been told by a health care provider about the disadvantages of the PSA test Source: BRFSS	–	21.9%	–	21.8%	–	–	–	–		30.0%	

Objective 5: Increase low-dose computed tomography (LDCT) lung cancer screenings in the targeted at risk population												
Measures:		**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**Status**
2.5.1	Annual screening for lung cancer with LDCT in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years Source: BRFSS	–	–	–	–	–	–	2017	–			

Diagnosis / Treatment

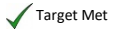
Goal 3: Increase access to evidence-based treatment of cancer

Objective 1: Increase access to evidence-based treatment services by reducing the number of Missourians who are under/uninsured												
Measures		**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**Status**
3.1.1	Reduce the percentage of Missourians, age 18-64, who are uninsured Source: BRFSS	–	–	18.8%	16.1%	15.1%	13.8%	–	–		10.0%	
3.1.2	Decrease the percentage of Missourians who needed to see a doctor in the past 12 months but could not due to cost Source: BRFSS	–	–	16.1%	13.7%	13.8%	13.4%	–	–		14.9%	
3.1.3	Decrease the percentage of survivors who report that they did not have health insurance that paid for all or part of their cancer treatment Source: BRFSS	–	NA	–	5.5%	–	7.1%	–	–		8.0%	

✓ Target Met  Progress Toward Target  Little or No Change  Moving Away from Target  Baseline

Objective 2: Increase the percentage of Missourians with a cancer diagnosis participating in clinical trials												
Measures		**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**Status**
3.2.1	Increase the percentage of Missourians with a cancer diagnosis participating in a clinical trials Source: BRFSS	–	–	–	5.5%	–	4.5%	–	–		7.0%	
3.2.2	Establish a baseline number of cancer treatment centers that offer clinical trials in Missouri Source:											

Objective 3: Increase the percent of cancer patients receiving evidence-based treatment according to National Comprehensive Cancer Network guidelines												
Measures: Increase the percent of cancer patients receiving treatment within 30 days from the date of diagnosis for the following cancers		**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**Status**
3.3.1	Colon Source: Missouri Cancer Registry	84.1%	84.5%	83.0%	84.9%	81.4%	–	–	–		86.4%	
3.3.2	Lung and bronchus Source: Missouri Cancer Registry	50.5%	49.8%	49.4%	48.4%	43.9%	–	–	–		49.4%	
3.3.3	Melanoma of the skin (all races combined) Source: Missouri Cancer Registry	86.2%	83.5%	87.4%	89.2%	91.3%	–	–	–		91.3%	
3.3.4	Female breast (in situ and invasive combined) Source: Missouri Cancer Registry	66.4%	66.2%	65.4%	62.8%	57.9%	–	–	–		65.3%	
3.3.5	Cervix uteri Source: Missouri Cancer Registry	61.1%	53.3%	64.9%	54.6%	56.8%	–	–	–		58.7%	

 Target Met  Progress Toward Target  Little or No Change  Moving Away from Target  Baseline

Survivorship Through End of Life

Goal 4: Assure the highest quality of life possible for cancer survivors and their families, including end-of life transitions

Objective 1: Improve quality of life for cancer survivors, including physical and mental health, and end-of-life transitions.

Measures		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Status
4.1.1	Decrease the number of cancer survivors who report having physical pain caused by cancer or cancer treatment Source: BRFSS	–	NA	–	6.3%	–	8.5%	–	–		4.5%	
4.1.2	Decrease the percentage of adults aged 18 years and older diagnosed with cancer who reported being kept from usual activities due to poor physical or mental health on 14 or more days of the past 30 days Source:	–	28.9%	–	28.8%	–	27.6%	–	–		23.5%	
4.1.3	Increase the average number of hospice days per center patient in Missouri during the last month of life Source: DAHC	–	10	–	–	–	–	–	–		14	
4.1.4	Increase the percentage of survivors reporting receipt of a written treatment summary Source: BRFSS	–	–	–	35.0%	–	78.9%	–	–		40.5%	

 Target Met  Progress Toward Target  Little or No Change  Moving Away from Target  Baseline

Objective 2: Increase health care provider's education regarding survivorship issues, including end of life, to improve comprehensive cancer care and management												
Measures		**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**Status**
4.2.1	Increase the percent of cancer survivors receiving information or a written survivor care plan (SCP) Source:	–	–	–	69.1%	–	78.9%	–	–		72.2%	✓
4.2.2	Provide one or more professional educational opportunities by 2020 to increase knowledge of comprehensive cancer care and management regarding survivorship issues Source:											⊘

Objective 3: Increase awareness regarding policies addressing cancer survivorship												
Measures		**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**Status**
4.3.1	State policies (programs) reviewed and gap analysis completed Source:							Complete				✓
4.3.2	Creation of Council on Pallative Care and Quality of Life Source:											⊘

✓ Target Met ◎ Progress Toward Target ⊘ Little or No Change ◀ Moving Away from Target Baseline Baseline